

DSHS NONDISCLOSURE OF CONFIDENTIAL INFORMATION FOR CONTRACTORS

CONFIDENTIAL INFORMATION

Department of Social and Health Services (DSHS) contractors may come into contact with confidential information from all DSHS administrations. Confidential information includes, but is not limited to, social security numbers, individual protected health information, client names, or any other information identifying individual clients and department employees.

As a DSHS contractor, I:

1. Understand the department's requirement for protecting certain information;
2. Understand the penalties and sanctions associated with unauthorized information access or disclosure; and
3. Have read and understand applicable department policies and procedures governing information security, which include (all documents are available on-line from the DSHS Home Page):
 - Administrative Policy 5.01, Privacy Policy – Safeguarding Personally Identifiable Information
 - Administrative Policy 5.02, Public Disclosure of, and Access to, DSHS Records
 - Administrative Policy 5.03, Clients Rights Related to Protected Health Information
 - Administrative Policy 15.10, Information and Resource Security
 - Administrative Policy 15.15, Use of Electronic Messaging and the Internet
 - DSHS IT Security Policy Manual

CONTRACTOR ASSURANCE OF CONFIDENTIALITY

As a condition of my employer's contract with the Department of Social and Health Services (DSHS), I commit and agree to be bound by the following:

1. I certify not to review, or divulge, publish, mention, or otherwise make known to any unauthorized third party either orally, in writing, or by electronic means, any confidential client or employee information;
2. Furthermore, other than performing my authorized business functions as requested by DSHS administrations, I will forward all requests that I may receive for the disclosure of confidential client or employee information to DSHS management for disposition; and
3. I understand that my assurance of confidentiality and these requirements do not cease at the time I terminate my relationship with DSHS. I agree to be bound by this agreement and by the regulations on confidentiality for six years following termination of my contract with DSHS.

FREQUENCY OF EXECUTION AND DISPOSITION INSTRUCTIONS

This form shall be signed by all DSHS contractor's employees who have access to DSHS data and shall be updated annually. Provide the contractor with a copy of this agreement and retain the original of each execution in the contract file.

SIGNATURE

PRINT CONTRACTOR EMPLOYEE'S NAME	CONTRACTOR EMPLOYEE'S SIGNATURE	DATE
PRINT CONTRACTOR'S NAME	CONTRACTOR'S AUTHORIZED SIGNATURE AND TITLE	DATE